

## Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: AR Changes - IL 102 AR 0907	SERFF Tr Num: CNLC-125219947	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: AR-PC-07-025265
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: CNLC-125219947	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Beverly Witt	Disposition Date: 07-05-2007
	Date Submitted: 06-28-2007	Disposition Status: Approved
Effective Date Requested (New): 10-01-2007		Effective Date (New): 10-01-2007
Effective Date Requested (Renewal): 10-01-2007		Effective Date (Renewal): 10-01-2007

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2006-OLOB1
Reference Title: Multistate Interline Forms Revision	Advisory Org. Circular: LI-CL-2007-020
Filing Status Changed: 07-05-2007	
State Status Changed: 06-28-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing to non-adopt the following form referenced in ISOs filing CL-2006-OLOB1:

IL DS 00 09 07 Common Policy Declarations we will continue to use our approved independent form, IL 01 CW 0906.

We are filing to non-adopt the following forms referenced in ISOs filing CL-2006-OLOB1 (Supplement):

IL 01 63 09 07 Arkansas Changes this form does not apply to the lines of insurance Canal writes.

IL 02 31 09 07 Arkansas Changes Cancellation and Nonrenewal we are filing an independent form as described below.

IL 102 AR 0907 Arkansas Changes Cancellation and Nonrenewal mimics ISOs Arkansas Changes Cancellation and Nonrenewal Endorsement, IL 02 31 09 07. IL 102 AR 0907 is also intended to replace our previously filed independent form IL 102 AR 1206 which was approved by your department on 10-20-2006. The differences are:

1. References to lines of coverage that Canal Insurance does not write have been deleted from our proposed form.
2. We have added the words or your agent to paragraph A.5.a. because this word better reflects our billing which is

handled on an agency account current basis.

3. We can find no Arkansas statute or regulation governing the calculation of the gross unearned return premium due to nonpayment of premium by the insured to a general agent or producing agent, therefore weve changed the wording in paragraph A.5.c. to say the refund may be less than pro rata.

4. In paragraph B. the cancellation reasons have been amended to add reasons # 7, 8, & 9 in accordance with House Bill 2440 which modified the definition of policy and was approved on April 2, 2007. This bill made the reasons found in § 23-89-303 applicable to commercial auto policies.

5. Also in accordance with HB 2440 paragraph D. NONRENEWAL is amended from 60 days to 30 days as stated in § 23-89-305.

A strike-through copy is included for your reference. Our desired effective date for both new and renewal policies is 10/1/2007.

## Company and Contact

### Filing Contact Information

BEVERLY WITT, COMPLIANCE ANALYST	BEVERLY.WITT@CANAL-INS.COM
400 EAST STONE AVENUE	(800) 868-7538 [Phone]
GREENVILLE, SC 29601	(864) 679-2556[FAX]

### Filing Company Information

CANAL INSURANCE COMPANY	CoCode: 10464	State of Domicile: South Carolina
400 EAST STONE AVENUE	Group Code: 262	Company Type: PROPERTY & CASUALTY

PO BOX 7		
GREENVILLE, SC 29690	Group Name: CANAL GROUP	State ID Number:
(864) 242-5365 ext. [Phone]	FEIN Number: 57-0133332	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	ADMINISTRATIVE AND REGULATORY FEE AMOUNTS CATEGORY "B" -- MAXIMUM \$50 (Per Covered Entity, Filing or Transaction) (a) Compliance. (1) Filing or review of policy/contract, endorsements or certificates, riders, applications, or annuity

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forms, per submission (not per form) ..... \$ 50

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CANAL INSURANCE COMPANY	\$50.00	06-28-2007	14375586

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-05-2007	07-05-2007

## **Disposition**

Disposition Date: 07-05-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas Changes - Cancellation and Nonrenewal	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Changes - Cancellation and Nonrenewal	IL 102 AR 0907	0907	Endorsement/Amendment/Conditions Replaced	IL 102 AR 1206	0.00	IL 102 AR 0907 -- AR Changes - Cancellation and Nonrenewal.pdf IL 102 AR 0907 -- AR Changes - Cancellation and Nonrenewal Strike Through.pdf



POLICY NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ARKANSAS CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART

**A.** Paragraph **5.** of the **Cancellation** Common Policy Condition is replaced by the following:

- 5.a.** If this policy is cancelled, we will send the first Named Insured or your agent any premium refund due.
- b.** We will refund the pro rata unearned premium if the policy is:
  - (1)** Cancelled by us or at our request;
  - (2)** Cancelled but rewritten with us or in our company group;
  - (3)** Cancelled because you no longer have an insurable interest in the property or business operation that is the subject of this insurance; or
  - (4)** Cancelled after the first year of a pre-paid policy that was written for a term of more than one year.
- c.** If the policy is cancelled at the request of the first Named Insured, other than a cancellation described in **b.(2), (3) or (4)** above, the refund may be less than pro rata. However, the refund of such amount will not reduce the premium retained by us to an amount less than the minimum premium for this policy.
- d.** The cancellation will be effective even if we have not made or offered a refund.
- e.** If the first Named Insured cancels the policy, we will retain no less than \$100 of the premium, subject to the following:
  - (1)** We will retain the premium developed for any annual policy period for the General Liability Classifications, if any, shown in the Declarations.

**(2)** If the Commercial Auto Coverage Part covers only snowmobiles or golfmobiles, we will retain \$100 or the premium shown in the Declarations, whichever is greater.

**(3)** If the Commercial Auto Coverage Part covers an "auto" with a mounted amusement device, we will retain the premium shown in the Declarations for the amusement device and not less than \$100 for the auto to which it is attached.

**B.** The following is added to the **Cancellation** Common Policy Condition:

### **7. Cancellation Of Policies In Effect More Than 60 Days**

- a.** If this policy has been in effect more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:
  - (1)** Nonpayment of premium;
  - (2)** Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
  - (3)** The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
  - (4)** Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or its occupancy which substantially increases any hazard insured against under the policy;

- (5) Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy;
  - (6) A material violation of a material provision of the policy;
  - (7) Conviction of the named insured or driver of the insured vehicle of any of the following:
    - a. driving while intoxicated;
    - b. homicide or assault arising out of a motor vehicle;
    - c. 3 separate convictions for speeding or reckless driving, or any combination, during the policy period or 3 months preceding the effective date;
  - (8) Suspension or revocation of the license or registration of any customary driver during the policy period, or if a renewal, during the policy period or 180 days preceding the effective date; or
  - (9) Fraud or misrepresentation of a material fact that would have caused us to decline to issue the policy. However, we may not rescind bodily injury and property damage for fraud suffered by innocent 3rd parties.
- b. Subject to Paragraph 7.c., if we cancel for:
- (1) Nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy at least 10 days before the effective date of cancellation.
  - (2) Any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy at least 20 days before the effective date of cancellation.
- c. The following applies to the Commercial Automobile Coverage Part:
- (1) If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 10 days before the effective date of cancellation;
  - (2) If we cancel for any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 20 days before the effective date of cancellation.
- C. The following Condition is added and supersedes any other provision to the contrary:
- NONRENEWAL**
- 1. If we decide not to renew this policy, we will mail to the first Named Insured shown in the Declarations, and to any lienholder or loss payee named in the policy, written notice of nonrenewal at least 30 days before:
    - a. Its expiration date; or
    - b. Its anniversary date, if it is a policy written for a term of more than one year and with no fixed expiration date.

However, we are not required to send this notice if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal.
  - 2. We will mail our notice to the first Named Insured's mailing address last known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ARKANSAS CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

~~CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART~~  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
~~COMMERCIAL LIABILITY UMBRELLA COVERAGE PART~~  
~~COMMERCIAL PROPERTY COVERAGE PART~~  
~~CRIME AND FIDELITY COVERAGE PART~~  
~~EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART~~  
~~EQUIPMENT BREAKDOWN COVERAGE PART~~  
~~FARM COVERAGE PART~~  
~~FARM UMBRELLA LIABILITY POLICY~~  
~~LIQUOR LIABILITY COVERAGE PART~~  
~~POLLUTION LIABILITY COVERAGE PART~~  
~~PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART~~  
~~PROFESSIONAL LIABILITY COVERAGE PART~~

**A. Paragraph 5. of the **Cancellation** Common Policy Condition is replaced by the following:**

- 5.a.** If this policy is cancelled, we will send the first Named Insured or your agent any premium refund due.
- b.** We will refund the pro rata unearned premium if the policy is:
- (1)** Cancelled by us or at our request;
  - (2)** Cancelled but rewritten with us or in our company group;
  - (3)** Cancelled because you no longer have an insurable interest in the property or business operation that is the subject of this insurance; or
  - (4)** Cancelled after the first year of a pre-paid policy that was written for a term of more than one year.

- c.** If the policy is cancelled at the request of the first Named Insured, other than a cancellation described in **b.(2), (3) or (4)** above, ~~we will refund 90% of the pro rata unearned premium- the refund may be less than pro rata.~~ However, ~~the refund will be less than 90% of the pro rata unearned premium if~~ the refund of such amount ~~would~~ will not reduce the premium retained by us to an amount less than the minimum premium for this policy.
- d.** The cancellation will be effective even if we have not made or offered a refund.
- e.** If the first Named Insured cancels the policy, we will retain no less than \$100 of the premium, subject to the following:
- ~~(1) We will retain no less than \$250 of the premium for the Equipment Breakdown Coverage Part.~~
- (2 1)** We will retain the premium developed for any annual policy period for the General Liability Classifications, if any, shown in the Declarations.

- (3 2) If the Commercial Auto Coverage Part covers only snowmobiles or golfmobiles, we will retain \$100 or the premium shown in the Declarations, whichever is greater.
- (4 3) If the Commercial Auto Coverage Part covers an "auto" with a mounted amusement device, we will retain the premium shown in the Declarations for the amusement device and not less than \$100 for the auto to which it is attached.

B. The following is added to the **Cancellation** Common Policy Condition:

**7. Cancellation Of Policies In Effect More Than 60 Days**

a. If this policy has been in effect more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
- (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
- (4) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or its occupancy which substantially increases any hazard insured against under the policy;
- (5) Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy; ~~or~~
- (6) A material violation of a material provision of the policy;
- (7) Conviction of the named insured or driver of the insured vehicle of any of the following:

a. driving while intoxicated;

b. homicide or assault arising out of a motor vehicle;

c. 3 separate convictions for speeding or reckless driving, or any combination, during the policy period or 3 months preceding the effective date;

(8) Suspension or revocation of the license or registration of any customary driver during the policy period, or if a renewal, during the policy period or 180 days preceding the effective date; or

(9) Fraud or misrepresentation of a material fact that would have caused us to decline to issue the policy. However, we may not rescind bodily injury and property damage for fraud suffered by innocent 3rd parties.

b. Subject to Paragraph 7.c., if we cancel for:

- (1) Nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy at least 10 days before the effective date of cancellation.
- (2) Any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy at least 20 days before the effective date of cancellation.

c. The following applies to the ~~Farm Umbrella Liability Policy, Commercial Liability Umbrella Coverage Part and the~~ Commercial Automobile Coverage Part:

- (1) If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 10 days before the effective date of cancellation;
- (2) If we cancel for any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 20 days before the effective date of cancellation.

~~C. Paragraph g. of the Mortgageholders Condition, if any, is replaced by the following:~~

~~g. If we elect not to renew this policy, we will give written notice to the mortgageholder:~~

- ~~(1) As soon as practicable if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal; or~~

~~(2) At least 60 days before the expiration date of this policy if we nonrenew for any other reason.~~

**DC.** The following Condition is added and supersedes any other provision to the contrary:

**NONRENEWAL**

1. If we decide not to renew this policy, we will mail to the first Named Insured shown in the Declarations, and to any lienholder or loss payee named in the policy, written notice of nonrenewal at least ~~60~~ 30 days before:
  - a. Its expiration date; or
  - b. Its anniversary date, if it is a policy written for a term of more than one year and with no fixed expiration date.

However, we are not required to send this notice if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal.

~~The provisions of this Paragraph 1. do not apply to any mortgageholder.~~

2. We will mail our notice to the first Named Insured's mailing address last known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-05-2007
<b>Comments:</b>			
<b>Attachment:</b>			
2007 NAIC P C Transmittal IL 102 AR 0907.pdf			

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
		262

<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
	Canal Insurance Company	SC	10464	57-0133332

<b>5.</b>	<b>Company Tracking Number</b>	CNLC-125219947
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Beverly J. Witt P O Box 7 Greenville, SC 29602	Compliance Analyst	864-250-9244 or 800-868-7538	864-679-2527	Beverly.witt@canal-ins.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Beverly J. Witt

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	35.0000
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	35.0002
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title</b> (Marketing title)	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 10/01/2007    Renewal: 10/01/2007



## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CL-2006-OLOB1 – Multistate Interline Forms Revision
<b>18.</b>	<b>Company's Date of Filing</b>	6/28/2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CNLC-125219947
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing to non-adopt the following form referenced in ISO's filing CL-2006-OLOB1:

IL DS 00 09 07 – Common Policy Declarations – we will continue to use our approved independent form, IL 01 CW 0906.

We are filing to non-adopt the following forms referenced in ISO's filing CL-2006-OLOB1 (Supplement):

IL 01 63 09 07 – Arkansas Changes – this form does not apply to the lines of insurance Canal writes.

IL 02 31 09 07 – Arkansas Changes – Cancellation and Nonrenewal – we are filing an independent form as described below.

IL 102 AR 0907 – Arkansas Changes – Cancellation and Nonrenewal mimics ISO's Arkansas Changes – Cancellation and Nonrenewal Endorsement, IL 02 31 09 07. IL 102 AR 0907 is also intended to replace our previously filed independent form IL 102 AR 1206 which was approved by your department on 10-20-2006. The differences are:

1. References to lines of coverage that Canal Insurance does not write have been deleted from our proposed form.
2. We have added the words "or your agent" to paragraph A.5.a. because this word better reflects our billing which is handled on an agency account current basis.
3. We can find no Arkansas statute or regulation governing the calculation of the gross unearned return premium due to nonpayment of premium by the insured to a general agent or producing agent, therefore we've changed the wording in paragraph A.5.c. to say "the refund may be less than pro rata".
4. In paragraph B. the cancellation reasons have been amended to add reasons # 7, 8, & 9 in accordance with House Bill 2440 which modified the definition of "policy" and was approved on April 2, 2007. This bill made the reasons found in § 23-89-303 applicable to commercial auto policies.
5. Also in accordance with HB 2440 paragraph D. NONRENEWAL is amended from 60 days to 30 days as stated in § 23-89-305.

A strike-through copy is included for your reference. Our desired effective date for both new and renewal policies is 10/1/2007.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b>        EFT</p> <p><b>Amount:</b>      \$50.00</p> <p>ADMINISTRATIVE AND REGULATORY FEE AMOUNTS</p> <p>CATEGORY "B" -- MAXIMUM \$50 (Per Covered Entity, Filing or Transaction)</p> <p>(a) Compliance.</p> <p>    (1) Filing or review of policy/contract, endorsements or certificates, riders, applications, or annuity forms, per submission (not per form) ..... \$ 50</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CNLC-125219947			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Arkansas Changes – Cancellation and Nonrenewal	IL 102 AR 0907	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 102 AR 1206	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		